

Decade of EXCELLENCE



County of San Diego, Health and Human Services Agency
Making a Difference Every Day





County of San Diego

Health and Human Services Agency

1700 Pacific Highway, San Diego, California 92101

Ten years ago, the San Diego County Board of Supervisors took a bold step. They merged two large departments and four smaller departments into the Health & Human Services Agency. Some were skeptical of the idea. How could such a bureaucracy improve services? I am very pleased to describe herein the success that we have achieved over the last ten years, and the difference we are making in the community, in large part due to this major transformation.

Has the redesign and creation of HHSA been a success? I would say, yes, unequivocally. Through the redesign, we have contributed to change for the better in the communities we serve, we have promoted innovation in the way services are delivered, and have demonstrated excellence through the outcomes we have achieved.

Have there been challenges? Most certainly, particularly in the beginning, when we were learning how to communicate and manage across a large and complex organization, and as we built the administrative capacity we needed to support a new regional service delivery system. But I am convinced that without the transformation of the Agency, we would not understand our communities as we do now and we would not be enjoying the kinds of partnerships with community-based providers and stakeholders that we do today.

I am looking forward to our next decade of innovation and excellence. We are undertaking a number of re-engineering efforts to streamline our processes, advance service integration, and improve customer service. We will continue our progress toward managing to client and community results that matter, and engaging stakeholders and consumers along the way.

Respectfully,

A handwritten signature in black ink that reads "Jean M. Shepard". The signature is written in a cursive, flowing style.

Jean M. Shepard

Agency Director

This special report celebrates the accomplishments of the San Diego County Health & Human Services Agency, 10 years after it was created. Captured here are highlights of where we were before HHSA was created, what we have achieved over the last decade, and some of the challenges that lay ahead.

This report was prepared in appreciation of the County Board of Supervisors whose commitment and vision made the redesign possible, the Citizen Advisory Committees who have contributed so much to the Agency's success, HHSA's executive team who helped steer this organization forward, and, most of all, HHSA employees who work very hard and leverage every opportunity to help realize the vision of "safe, healthy, thriving communities."

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Vision

Safe, Healthy, Thriving Communities

Mission

To make people's lives safer, healthier and self-sufficient by
managing essential services.

Guiding Principles

Ensure all activities are outcome driven

Assist employees to reach their full potential

Foster continuous improvement in order to maximize efficiency and effectiveness of services

Assure fiscal integrity

Provide customer focused and culturally competent services

Support courageous creativity

Leverage opportunity with the community

CITIZEN ADVISORY BOARDS, COMMITTEES AND COUNCILS

Citizen Advisory Committees play a vital role in keeping the Agency informed and on task to meet the needs of the community. Some advisory committees are mandated by law, and all are charged by the Board of Supervisors to advise the County and HHSA in carrying out vital functions and activities. These advisory committees are comprised of important stakeholders within our community who bring special knowledge and expertise to help guide the Agency forward.

A.B. & Jessie Polinsky Children's Center - Board of Trustees

Aging & Independence Services Advisory Council

Alcohol & Drug Advisory Board

Child Care & Development Planning Council

Commission on Children, Youth & Families

Community Action Board

Emergency Medical Care Committee

Foster & Relative Care Services Committee

Health Services Advisory Board

Healthy San Diego Consumer Advisory Board

Healthy San Diego Professional Advisory Board

HIV Planning Council

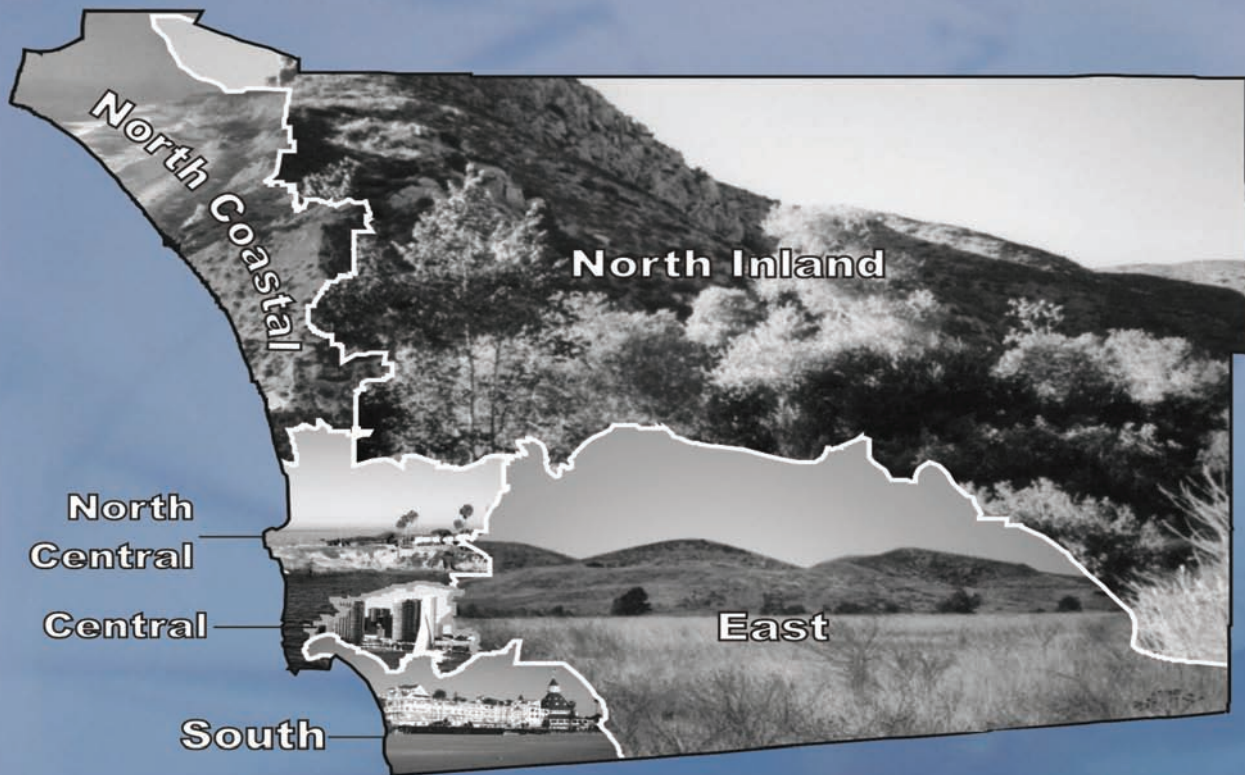
HIV Prevention Board

In-Home Supportive Services Advisory Committee

Mental Health Advisory Board

Social Services Advisory Board

Veterans Advisory Council



WHERE WE WERE

Ten years ago, there were six different departments providing health and human services. They were: Health Services, Area Agency On Aging, Public Administrator/Public Guardian, Social Services, Commission on Children, Youth & Families and the Veteran's Service Office. They did not communicate, much less collaborate. Yet these various departments and programs often served the same clients.

Each department had its own bureaucracy, there was duplication of effort and activities, and navigating the service delivery system was hard for clients, community organizations and County workers alike. The potential benefits of departments and programs working together were not fully recognized much less realized.

The catalyst for redesigning health and human services resulted from three events that were occurring during the 1990s. These events include the passage of national welfare reform, which emphasized self sufficiency and service integration; a focus on business practices and performance outcomes led by the County Board of Supervisors, that also instituted a General Management System (GMS) to reinforce management discipline in the County; and an emerging reliance on local government to deliver health and human services. Support for interagency collaboration to improve service delivery was building in San Diego. The need to develop a new business model became clear, and in late 1996, the Board of Supervisors approved the merger of individual County departments into a single Health & Human Services Agency.

THE GOALS OF REDESIGN

The new, improved business model for the Health & Human Services Agency was approved by the Board in January 1998. This marked a transition from a programmatic organizational structure to an integrated, regional model.

The Board's goals for redesigning HHSA included:

- Reduce bureaucracy, freeing up funds to re-invest in direct services
- Emphasize community-based prevention and early intervention
- Strengthen accountability to taxpayers
- Improve customer service
- Promote service integration through a seamless network of Agency, community organizations and contracted services providers

A new regional delivery system was created, enabling regional general managers to get to know their individual communities better, and develop partnerships to meet the unique needs of each community. Staff provides services in an integrated fashion, close to families and in communities, often alongside other public and private sector providers.

Reduced Bureaucracy, Freeing Up Funds to Re-Invest in Direct Services

We have reduced bureaucracy by:

- Reducing management layers and increasing “span-of-control,” referring to the average number of staff a manager supervises
- Reducing the overhead rate from 21% to 12%
- Reducing the percentage of clerical staff from 23% to 15.5%

Emphasized Community-Based Prevention and Early Intervention

As a result of savings due to redesign and competition of services, we have been able to re-invest \$230 million into front-line services, beginning in 2001. These front-line services include prevention and early intervention activities. Programs that have benefited include alcohol and drug treatment services, domestic violence services, immunizations and other public health services.

Promoted Service Integration and a Seamless Network of Providers

There are numerous examples of service integration made possible with the structure of HHSA. Here are just a few:

- Aging and Independence Services and Child Welfare Services serve two populations—foster children and seniors—by bringing them together through intergenerational mentoring programs. Foster children do better with “surrogate” grandparents and the lives of these seniors are greatly enriched.
- Mental Health Services and Alcohol and Drug Services pair up on programs that address co-occurring disorders. This also means that the behavioral health needs of welfare-to-work clients can be better addressed through screening and referrals to help them with employment.
- Public Health Services aligns closely with Child Welfare Services when public health nurses conduct home visits with foster children and their caregivers to help ensure these children gain access to needed health services. Public Health Services is also working with the Regions by bringing messages of the importance of preventing childhood obesity through good nutrition education to low-income families, for whom food stamps are important to sustaining self-sufficiency.

The complexity of HHSA demands that the organization be managed strategically. The diversity of HHSA operations means that it has been very challenging to identify shared measures across regions and divisions.

With input from our Citizen Advisory Committees on key priorities, and after engaging Agency executives, managers and program experts, we designed a one-page, easy-to-read strategic plan called the Strategy Agenda. The Strategy Agenda links Agency goals and daily operations, and identifies 21 shared results to which all contribute. Regular reports of performance results are issued, including a performance Flash Report, distributed quarterly to all Agency managers, featuring results for key measures in the Strategy Agenda. A Strategy Agenda Progress Report is issued semiannually to gauge progress on all measures that align with the Strategy Agenda.

These are some of the key outcomes in 2006-07:

- After reducing the welfare caseload from the pre-welfare reform high of 63,000 to about 24,000 today, we continue to hold welfare-to-work providers (public, private and non-profit) accountable for meeting aggressive outcome goals. The remaining caseload is harder to serve, which explains in part why current performance is slightly below target on some key goals—including welfare-to-work participants and their families who exit CalWORKs cash assistance and remain off cash aid for six continuous months, where performance is 85% compared to target of 90%. However, we encourage strong performance with contracts that have been re-competed several times and include multiple measures and pay points.
- Maintained a very high immunization coverage rate of 90% of about 2,500 children age 24 months in regional public health centers, to prevent the spread of childhood communicable disease and keep children healthy. This compares very favorably to State and national standards—for example, the Healthy People 2010 target is 80%.
- Achieved a high school completion rate of 83% of 190 foster youth in 12th grade, surpassing our target of 78%. By completing high school, foster youth are much better prepared to transition to adulthood. This includes youth served at the San Pasqual Academy, where 22 of the 27 graduates are going on to post-secondary education.
- Enrolled an additional 4,582 children in Medi-Cal and Healthy Families in order to improve health care coverage of low-income children across the County, reaching a total of 221,826 enrolled by end of FY 2006-07, just short of the 2% growth target. Enrollment of children in health care coverage has always been a major priority for this Board. Consequently, we continue to pursue a variety of outreach, enrollment, and retention strategies.
- Ensured that 91% of about 6,000 Adult Protective Services referrals were not re-referred within six months of case closing, above the 89% target, indicating that the needs of these clients were met.
- Shorter wait times for both children and adults to be assessed by mental health professionals and referred to outpatient treatment. For children, there is now a 4 day average wait time (target is 5 days or less). For adults, the wait time is about 7 days (target is 8 days or less). These shorter wait times reflect a huge emphasis on service responsiveness, recognizing how critical it is to get help for clients when they ask for it so as not to risk losing an important window of opportunity for treatment.

HIGHLIGHTS OF OUR ACCOMPLISHMENTS

While it is not possible to list all of the accomplishments of the past ten years, the highlights below were selected based on how well they illustrate the goals of the redesign—in particular service integration and community-based prevention and early intervention.

County Strategic Initiative: Improving Outcomes for Kids

HHSA Strategy Agenda Goal: Keep At-Risk Children & Their Families Safe, Healthy and Self-Sufficient

Children's Mental Health Services (CMHS) Initiative - CMHS Initiative was launched in October 2000 and is a prominent component of the system of care for children who are seriously emotionally disturbed. This highly collaborative approach is committed to keeping youth in the least restrictive level of care in the community. An array of individualized and integrated wraparound services are offered for children, adolescents and their families.

Critical Hours and Juvenile Diversion Programs - These are two vitally important prevention programs for at-risk youth. Critical Hours, an after school enrichment program, serves more than 4,000 middle-school youth each year at 43 sites. Juvenile Diversion Programs provides services to more than 2,000 children referred by law enforcement, school attendance review boards and others to prevent further contact with the juvenile justice system. Both programs seek to improve self-esteem of youth and help youth become more resilient.

Dental Services - In collaboration with the Public Health Services Division, the regions are undertaking initiatives to address the lack of dental care for many low-income children. This includes working with community partners to launch new dental clinics and to provide no-cost sealant treatment and dental screening services to more than 10,000 children countywide.

Domestic Violence Response Teams (DVRTs) - DVRTs represent a countywide interdisciplinary strategy aimed at the reduction and prevention of intimate partner violence. DVRTs pair a law enforcement provider with a highly trained advocate, who provides crisis intervention to victims and their children, at the scene of an emergency response. DVRTs have responded to more than 5,000 emergency response calls since its inception in 2001.

Foster Care: Innovative Models for Best First Placement - HHSA has adopted several innovative models to help divert children from Polinsky Children's Center (PCC), a temporary, emergency shelter, in order to place these children within their communities, whenever possible:

- A 23-Hour Central Assessment Center was implemented at PCC in 2006 and has dramatically reduced the number of children placed at PCC by finding alternative placements before children are admitted. Since September 2006, 439 (56%) of the 777 children who come through the assessment center were placed within the community, often with relatives. This has contributed to a dramatic reduction in the number of children at PCC—only about 60 children on average.
- The Child Assessment Network North (CANN) was implemented in 2001 because of concerns that children removed from their homes should be placed closer to North County communities. Since its start-up, CANN has successfully assessed almost 5,000 children and placed the majority (78 percent) with relatives or in foster homes in North County.
- Similarly, East Region pioneered the Way Station model in which foster families are identified within the region and agree to be available to take children who need homes, for either a short time period or until a more permanent foster home is found, or as a longer term placement. About 500 children have been placed in Way Station homes since 2002.
- South Region will be implementing a Central Assessment Center South to increase placements within South Bay neighborhoods.

HIGHLIGHTS OF OUR ACCOMPLISHMENTS

Neighborhoods for Kids (N4K) -This East Region model works closely with schools and other community partners to provide supports to at-risk kids to prevent their entry to either the child welfare or juvenile justice systems, and/or to offer support and continuity to children already in protective custody. Since 2004, N4K has provided support to 1,212 families whose children are at-risk, and 1,183 children who are already in protective custody.

San Pasqual Academy - This is the first residential education campus in the country to serve only foster youth, and is also a national model. The Academy provides a stable, caring home, and quality education and preparation for independent living for 136 youth. A total of 123 foster youth have graduated from San Pasqual Academy since 2002, with a graduation rate of 93%, which is remarkably high for this population. Moreover, many of these children go on to post-secondary education (22 of the 27 graduates of 2007).

School-Based Mental Health Services - HHSA has adopted a community-based approach to mental health service delivery. Consequently, the Mental Health Services Division has worked to increase the number of school-based programs for children and youth with serious emotional disorders. In ten years, this service has grown from 7 schools to 315 schools. This provides alternative ways for children to access services other than through traditional clinic settings.

Team Decision Making (TDM) - At TDM meetings, all people (immediate and extended relatives, teachers, neighbors, community members) who know and care about the child are brought together to make the best possible placement decisions for the child, and to ensure a network of support for children and the adults who care for them. TDM has shown good outcomes, particularly in reducing the need to change placements for kids.

Youth-to-Youth Peer Mentor Program at Polinsky Children's Center (PCC) - Started in October 2000, this award-winning program involves former foster youth teens residing at PCC who mentor youth for life after foster care, improving their chance for success in transitioning out of the foster care system. This initiative is a public-private partnership between Casey Family Programs, the Child Abuse Prevention Foundation and the County of San Diego.



County Strategic Initiative: Promoting Safe and Livable Communities

HHSA Strategy Agenda Goal: Protect the Public's Health

Cardiac System of Care - In 2006, we became one of only three counties in the State to implement cardiac care centers, providing cutting-edge emergency services for heart attack victims. County Emergency Medical Services, in collaboration with private hospitals, created a regional system so that heart attack patients meeting specific criteria are taken directly to a designated hospital with the proper equipment to immediately treat the patient. This process has increased survivorship among heart attack patients by 22%.

Childhood Obesity Action Plan - The Board of Supervisors issued the San Diego County Childhood Obesity Action Plan in 2006. This plan serves as a "call to action" to inspire agencies, institutions and neighborhoods to recognize the importance of nutrition and physical activity to a child's healthy development.

Disaster Preparedness - The County of San Diego and HHSA are recognized as a national leader in collaboration between public health and emergency medical providers. This level of preparedness was important to the county's skillful response to Firestorms 2003 and 2007.

Emergency Medical Alert Network (EMAN) - Since 2000, HHSA has strengthened communication countywide regarding critical disease information by adding 2,260 community providers to its EMAN. EMAN is a communications system that provides immediate, electronic notice of medical alerts internally to HHSA and Public Health Services personnel, as well as to hospitals, clinics, emergency rooms, laboratories, law enforcement, fire service, Emergency Medical Services and other agencies.

Mobile Remote Workforce (MRW) Innovation in Public Health Care - This is a business process reengineering (BPR) success, which has contributed to a significant increase (25%) in the number of clients public health nurses serve in the field, and has been rolled out to all public health centers.

Pandemic Flu and Educational Campaign - HHSA has worked collaboratively with emergency services personnel and community organizations to develop a response plan for pandemic flu. The Pandemic Influenza Educational Campaign includes public service announcements for primetime television and radio media outlets; website enhancement; toolkits for business, schools, community-based and faith-based organizations; and an ambassadors program, which helps to spread the word about what communities can do to prepare for pandemic flu.

Web-Based Disease Reporting - Early detection of disease outbreaks is key to decrease the number of people that become ill or die from the disease. This is especially important for impending pandemics and acts of bioterrorism. Community Epidemiology implemented a communicable disease reporting system that allows healthcare providers to report incidents via a secure website. The system also has electronic laboratory reporting capability that enables automatic submission of positive test results from participating laboratories. Reports of highly contagious or high threat conditions are received 24/7 and promptly investigated.



County Strategic Initiative: Promoting Safe and Livable Communities

HHSA Strategy Agenda Goal: Keep Vulnerable Adults Safe, Healthy & Self-Sufficient

Aging Summit and Aging & Independence Call Center - The Aging Summit provides a bi-annual public forum for strengthening services and enhancing the lives of seniors and the disabled. Aging & Independence Services established a Call Center in 1999, a concept that emerged from an early Aging Summit. The Call Center serves as a single point of contact for all services and receives an average of 63,850 phone calls annually.

California Screening, Brief Intervention, Referral and Treatment Program (CASBIRT) - CASBIRT is an innovative prevention program that screens individuals in primary care, emergency and trauma settings for possible substance abuse problems, provides information about the risks and then refers individuals to treatment and other resources. Since June 2007, nearly 5,000 screenings have occurred.

Cool Zones, Matter of Balance, and Feeling Fit Clubs - These are innovative Aging & Independence Services (AIS) programs to promote health and safety for seniors. The Cool Zone program offers more than 140 locations throughout the county where the public can “beat the heat” during the summer-time months. The Matter of Balance program is a collaboration between Silver Age Yoga and AIS in which yoga and exercise routines are offered to seniors to help decrease falls among this population. Feeling Fit Clubs offer seniors opportunities for regular exercise and socializing, with emphasis on posture, gait, and functional fitness, in order to prevent falls, improve mood and enhance resistance to chronic illness.

Earned Income Tax Credit (EITC) and Financial Literacy - EITC, a tax credit for low-income working families and individuals, is a very effective anti-poverty strategy. Through the Agency’s Community Action Partnership program, in partnership with the United Way of San Diego, Internal Revenue Service, and other community organizations, tax preparation services that incorporate EITC are offered to low-income families and individuals in each region. Each year since its inception in 2003, millions of dollars are returned to San Diego communities through these tax credits.

Healthcare Safety Net - The Board of Supervisors commissioned a study of the County’s capacity to meet the healthcare needs of at-risk children and their families. This took the form of a long-term comprehensive analysis of the Healthcare Safety Net serving San Diego’s uninsured and underinsured. With funding contributions from The California Endowment, the County sponsored several regional community forums to obtain input from stakeholders. Community leaders continue to meet and work out solutions for the future safety net in San Diego County.

Health Care Coverage Initiative - In 2007, San Diego County was awarded \$40 million in federal funds over three years for a collaborative initiative with private safety net providers, designed to enroll approximately 3,000 eligible uninsured and underserved San Diego residents in a chronic disease management program. The goal is to target the high cost medical conditions of diabetes and hypertension and thereby strengthen the safety net system by reducing the use of expensive and inappropriate Emergency Department care. These clients are to be linked to Community Clinics that will serve as their medical home. The program design is based upon findings from the Healthcare Safety Net study.

Integrated Services Program for the Homeless with Serious Mental Illness (AB 2034) - HHSA’s Mental Health Services won a \$10.1 million competitive grant in 2001 for its plan to improve services to homeless, mentally ill people. With this grant and additional State monies, HHSA continues to provide 24/7 intensive case management, rehabilitation and recovery services, and supportive employment and housing to 250 clients.

HIGHLIGHTS OF OUR ACCOMPLISHMENTS

Project EARN (Earnings, Advancement, Retention, Now!) - Project EARN is a special national Work Advancement Support Center (WASC) demonstration research initiative in South Region in partnership with MDRC, the San Diego Workforce Partnership, and HHSA. Case management services and assistance with accessing work supports such as child care, Medi-Cal/Healthy Families and Food Stamps are provided to over 475 low income employed individuals to support employment advancement and retention that will contribute to family self-sufficiency. San Diego is one of four cities participating in the WASC pilot nationwide.

Proposition 63 Mental Health Services Act (MHSA) - Mental Health Services undertook a massive planning, program development and procurement process to expand and enhance over 100 mental health programs in San Diego County. For example, over 30 school-based programs can now extend mental health services to children who are not Medi-Cal eligible. This was the result of the Mental Health Services Act, passed in 2004, which provided funds for expanded and innovative mental health services.

INFORMATION MANAGEMENT

IT System Implementation and Outsourcing - The Agency, as part of the County IT outsourcing effort, successfully implemented a new software infrastructure of applications for budgeting, human resources, timekeeping, performance management and document management. This was a major undertaking and a huge leap forward for HHSA. In addition, the Agency has installed a wide variety of new systems to meet the needs of various programs. These include the recent conversion to a new State welfare information system (CalWIN) to enable staff to provide more accurate and timely service to low income children, families and individuals; the California Outcomes Measurement System (CalOMS), a client data and outcomes system for alcohol and drug treatment; the Public Health Information System (PHIS); and a new mental health system (Anasazi), whose implementation is still in progress.

To improve access and expand delivery of “e-services,” a number of Call Centers and web-based service referral systems have been implemented—facilitating referrals to critical senior, disability, psychiatric and other services. IT is inextricably linked with many Agency business process reengineering projects since process improvement often requires technology enhancements. Web-based referrals is one example, but other exciting projects are underway, such as a Telepsychiatry Project in which outpatient services—assessments and monitoring of patients—can be offered through outstations, preventing the need for clients to be transported for treatment.

CONTINUOUS IMPROVEMENT

Business Process Re-engineering and Continuous Improvement Projects - HHSA has undertaken many process improvement projects over the last few years. The Agency initiates these projects to examine management practices and identify ways to improve efficiency and streamline operations, many times with the use and assistance of the latest technology.

In FY 2006-07, the Agency completed 49 unique projects. A total of \$6 million was saved, generated or projected, expanding access to services to 1,500 customers and saving almost 37,000 staff hours. These projects include mobile remote technology plans in Behavioral Health, Child Welfare and the Regions, and plans for an electronic health record. Additional projects include a mail courier project to eliminate duplication of mail courier services, and several web-based referral projects. A major initiative to automate the referral and application process for County Medical Services and Hospital Outstation Services, designed in collaboration with the Hospital Association of San Diego & Imperial Counties, should improve services and increase reimbursement for hospital safety net services.

In FY 2007-08, we will see improvements through at least 47 individual projects, including a Medi-Cal eligibility improvement process, co-location of substance abuse and mental health services, and a more efficient application process for the County's veterans.

A major concern was whether HHSA would simply be too large to effectively manage. Managing in a complex organization made up of regions, operating divisions and support divisions demands a high level of communication, as well as a good deal of discipline and alignment to make sure things get done.

Differences between the Disciplines

The Agency combined staff from a variety of different disciplines. These disciplines had different operating traditions and different strategies for how to interact with clients and navigate community needs. For example, social services staff had more of a regulatory focus in the delivery of services—ensuring clients receive those services for which they are eligible. Public health was driven by community standards of care, with an orientation towards education and outreach to the greater community in the interest of prevention. As an integrated Agency, HHSA “borrowed” from both disciplines to achieve better results.

Accountability in a “Matrix” Organization

HHSA is a “matrix” organization—in which there are vertical and horizontal lines of authority through regions, operating divisions, and support divisions. Matrix organizations are more difficult to manage and demand alignment of goals and coordination in the execution of initiatives. For example, a child welfare protective services worker, who typically works out of one of the regions, must adhere to guidance from the Child Welfare Services Division, and also the policies that pertain to the individual Region where that worker is placed, as well as a myriad of other requirements that are issued through support divisions (human resources, financial, etc.) Over time, HHSA has successfully developed ways to facilitate the kind of communication and alignment necessary to empower staff to be effective in a matrix organization.

State Funding Constraints and Administrative Requirements

For seven years, we have received no additional State funding to cover the increasing cost of doing business, in spite of increasing caseloads and changing client and community expectations for some high growth programs.

Many State and Federal administrative requirements constrain our ability to simplify service delivery and integrate services. For example, existing administrative requirements for Medi-Cal are onerous and challenging to implement. Also, restrictions regarding Federal and State funding make it difficult to “blend” monies in order to better support the delivery of integrated services.

Recruitment and Succession Planning for A Workforce of the Future

We face a number of obstacles in staffing. For example, nurses and psychiatrists are in short supply nationally, and our client population is becoming more diverse, increasing the need for culturally diverse staff.

Creative recruitment and staff development strategies have been and continue to be explored and implemented. The continuing success of HHSA will depend on attracting, developing and retaining quality staff who can adapt and grow to meet future challenges.



OUR VISION 10 YEARS INTO THE FUTURE

A decade ago, few could have predicted the events that have shaped the past 10 years. Knowing that gives pause for looking ahead at the next decade to predict what will shape our community in the future. There are, however, several trends that will likely play a large role in defining San Diego County and the Agency's services to residents.

The make-up of San Diego County's population will likely become more diverse. The County's location along the international border, coupled with the fact that it is home to a major port and military bases, makes it an attractive destination for many. It is also expected that the County's population will be older, as Baby Boomers reach the senior years. Both trends present unique challenges for the Agency, as new immigrants and senior citizens have distinct needs that require alternative service delivery strategies.

The increase in chronic health conditions—such as obesity, heart disease and diabetes—will create a long-term challenge for health leaders to promote healthier lifestyles and community changes to reverse this trend. The debate over health care reform at the state and national level will also have an impact on this issue, and it is likely that local governments such as San Diego County will continue to bear a growing responsibility for maintaining a health care safety net for the low-income and those who are uninsured. At the same time, the threat of a terrorist attack or a natural disaster necessitates having plans and resources in place to respond to a large-scale emergency in short notice.

The constant development of new technology to increase the speed and simplicity of doing business means that the next 10 years will likely be shaped by advancements in technology. For consumers, this should mean easier access and more efficient services.

Re-tooling and re-engineering our processes will remain an emphasis in order to provide services that continue to be responsive, higher quality and less costly. Web-based service referral systems will allow more customers to access services on their own. We will have to prepare the workforce for these new technologies and adapt operations so that we can take full advantage of what they have to offer.

The Agency's evolution will continue, but the cycle time for change will quicken. This presents challenges, but it also keeps things exciting. Our workforce, through aggressive recruitment, retention and development efforts, must be creative, innovative, and adaptive to change and always customer service-oriented. Through this ongoing transformation in our culture, we will continue to realize success.



Timelines of Key Events and Recognitions

TIMELINE OF KEY HHSA EVENTS 1996 - PRESENT

1996

- Individual departments merged to form a single Health and Human Services Agency

1997

- Welfare Reform Strategic Plan approved by Board which lays out HHSA's collaborative approach to help CalWORKs clients achieve self-sufficiency
- Critical Hours after-school program is funded to help middle school youth avoid involvement in the juvenile justice system
- Initiatives to expand access to health care are approved, including San Diego Kids Health Assurance Network (SD-KHAN), a collaborative with toll free number to link families to available health services
- Dependency Court Recovery Project established to address substance abuse problems among parents of dependent children

1998

- Business Model approved by Board, and HHSA organized into Regions and Divisions
- Competitive Procurement of Welfare-to-Work Case Management services (in 4 of 6 regions) approved by Board
- Regional Integrated Services Plan for Mental Health Services approved by Board
- "Reaching for New Heights," a strategic plan for children and youth, coordinated by Commission on Children, Youth & Families, adopted by Board

1999

- Geographic Information Systems (GIS) Technology introduced
- Office of Public Health established and Public Health Officer joins Agency Executive Team
- Long Term Care Integration Strategy begun to design an integrated delivery system for the aged and disabled populations for health and chronic care management services
- Child Care Administration Managed Competition and Re-engineering project completed, improving processing of payments to child care providers
- Adult and Older Adult Mental Health System Redesign Implementation Plan approved by Board, creating competitive procurements for networks of services in 6 regions
- AIS Call Center established as a single point of contact for elder abuse reports and referrals to services
- 1999 San Diego County Child and Family Health & Well-Being Report Card issued (1st edition of annual Report Card)

2000

- Family Self Sufficiency contracts awarded in each of 6 HHSA regions to help low-income families overcome barriers to employment
- Chronic Disease Prevention Program launched to encourage County residents to make healthful lifestyle choices
- CalWORKs Incentive Fund Program Spending Plan approved by the Board to pay for innovative activities with monies awarded for strong performance in CalWORKs program

- Children's Mental Health System of Care initiative launched to create integrated system of care for children and youth who are seriously emotionally disturbed

2001

- Child Assessment Network - North (CANN) pilot implemented so that children could be assessed and placed closer to North County communities
- Office of Resource Development created to assist community nonprofit organizations obtain grants to help meet needs within the community and to leverage County activities
- Bioterrorism Preparedness coordination begun with first responder agencies and hospitals, and enhanced funding for emergency and disaster preparedness
- HealthLink initiated, a partnership with the schools to promote health and education outcomes for school children
- San Pasqual Academy, the first residential education campus for foster youth, opened in October
- South Bay Family Resource Center is opened, a state-of-the-art facility offering multiple services in one location
- In-Home Supportive Services Public Authority established, serving as employer of record for IHSS individual providers who deliver homemaker and personal care services to seniors and the disabled
- Domestic Violence Response Teams begun, providing crisis intervention to victims and their children

2002

- Dual Diagnosis & Behavioral Health Services Plan approved by the Board to improve care of clients who have both substance abuse and mental health problems
- School-Based Mental Health Services increased to over 200 school sites
- Intergenerational Programs launched at San Pasqual Academy in which senior citizens reside on campus and are surrogate "grandparents" to foster youth
- Agency Compliance Office established to help ensure compliance with all rules and regulations related to health care and patient confidentiality
- Agency Contract Support created to improve contracts accountability and management

2003

- Community disaster response to Firestorm 2003—HHSA helps staff Red Cross Shelters and Local Assistance Centers, deploys mental health/crisis intervention teams
- San Diego County Trauma System Assessment completed with recommendations for continued strengthening of County trauma system

TIMELINE OF KEY HHSA EVENTS 1996 - PRESENT

- Intergenerational Projects awarded to community-based organizations to support a variety of activities, including the "Legacy Corp," in which a senior mentor is paired with a foster teen and together they provide respite assistance to a caregiver in their community
- Earned Income Tax Credit pilot launched to help low-income, working families maintain self-sufficiency
- Centers for Disease Control (CDC) - Critical Benchmarks for emergency preparedness are met
- San Diego County Domestic Violence Hotline launched, providing 24-hour a day crisis services and referrals
- Enhancements to San Pasqual Academy implemented, including the Technology and Career Information Center, with additional classrooms outfitted with computers and software

2004

- Community Services for Families contracts initiated, providing prevention and intervention services for children at-risk of entering child welfare system
- Polinsky Children's Center Serenity Cottage Nursery completed
- Network of Care web-based resources for aging and disabilities is implemented
- Neighborhoods for Kids (N4K) model launched in East Region to provide support to at-risk kids by partnering with schools and the community
- Begin Behavioral Health integration to improve capacity and effectiveness of treatment services to individuals who have both mental health and substance abuse problems
- Family to Family Initiative—receive additional grant funding to expand implementation, improving care for at-risk children to prevent entry into child welfare system
- Child Welfare System Improvement Plan for San Diego approved by the Board to improve child welfare outcomes and promote safety, permanency and well-being of children and families in the child welfare system

2005

- Implementation of Mental Health Managed Competition Plan initiated
- Strategy Agenda designed and approved, with community input
- Mental Health Services comprehensive community-based planning process undertaken, and expanded mental health services funded by Mental Health Services Act (Proposition 63) begin to be implemented
- Mobile Remote Workforce Innovation in Public Health Care, a re-engineering project, launched
- Electronic Benefit Transfer (EBT) option for issuance of cash assistance to CalWORKs recipients begun
- Healthy Eating, Active Communities Grant, to reduce obesity and diabetes, is awarded to HHSA, South Region, and community partners
- First School Food Summit convened, co-hosted with Health-Link North County, and Coalition on Children & Weight

- Groundbreaking for construction of replacement facility for Edgemoor skilled nursing facility

2006

- Childhood Obesity Action Plan issued, serving as a "call to action" for all institutions and partners to promote nutrition and physical activity among children
- San Diego County Healthcare Safety Net Study released in which the County's future capacity to meet needs of the uninsured and underinsured was examined
- Cardiac System of Care implemented, making San Diego one of three counties in State to provide cutting edge emergency services for heart attack victims
- CalWIN, new welfare client information system, went "live" to improve management of CalWORKs program and enhance services to clients
- 23-Hour Central Assessment Center opened to divert children from Polinsky so they can be quickly placed with foster families

2007

- California Screening, Brief Intervention, Referral and Treatment (CASBIRT) implemented, an innovative screening program to detect substance abuse problems
- Independent Living Skills (ILS) web site launched for foster youth
- Countywide Pandemic Influenza Campaign launched to educate and involve businesses, schools and communities in preparing for a flu pandemic
- Group Home for deaf foster children opened
- Awarded \$40 million Healthcare Coverage Initiative to provide chronic disease management services for uninsured adults with high cost medical conditions (SB 1448)
- Problem Gambling Treatment services initiated to provide counseling and treatment services to help adults with gambling addictions
- Public Health Laboratory upgraded to meet new federal requirements for bioterrorism monitoring and surveillance
- Childhood Obesity Summit convened to bring together community partners, agencies, institutions to discuss best practices for promoting nutrition and physical activity for children
- Community disaster response to Firestorm 2007—HHSA helps staff Local Assistance Centers, issues Emergency Food Stamps and deploys Public Health and Mental Health staff throughout the County.

TIMELINE OF RECOGNITION 2003 - PRESENT

2003

• National Association of Counties (NACo) Achievement Awards:

- Partnership for the Public's Health Initiative in South Region
- Office of Resource Development
- emPowerSD website for CalWORKs Clients
- San Pasqual Academy for foster youth
- Therapeutic Behavior Services
- Community-Based Foster Home Recruitment and Retention Program
- California Community Partnership Award, from CSAC Cities, Counties and Schools Partnership, for San Pasqual Academy for foster youth
- American Planning Association, California chapter, Planning Award to San Diego County for the San Pasqual Master Plan
- President's New Freedom Commission on Mental Health Citation Award as the first California county to implement a recovery-based disease management project for the treatment of schizophrenia, based on the Texas Medication Algorithm Project
- Certificate of Recognition from the California Technology Trade and Commerce Investment Fund for the Job Placement Program for CalWORKs participants
- Health Care & Aging Award from American Society on Aging for the Feeling Fit Club and the Trilogy for Network of Care Website
- Aging & Independence Services honored for its Call Center and as one of only three models of innovation and excellence in service integration by the national Administration on Aging
- International Council on Active Aging (ICAA), National Council on Aging and American Society on Aging Industry Innovators Award for Feeling Fit Clubs
- Cited as an exemplary program by the National Association of State Alcohol and Drug Directors, the SAMSHA Center for Substance Abuse Prevention, the National Prevention Network and the Community Anti-Drug Coalitions of America for the Screening, Brief Intervention and Referral program

2004

- National Association of Counties (NACo) Award of Excellence for "You Can Work" initiative
- National Association of Counties (NACo) Achievement Awards:

- Contracts Training Academy
- Earn it, Keep it, Save it! (Earned Income Tax Credit Program)
- HHSA Revenue Project
- East Region Way Station

- Health Advisory Committee on Terrorism (HACOT)
- Emergency Medical Alert Network (EMAN)

• California State Association of Counties (CSAC) Merit Awards:

- "You Can Work" Program
- Executive Management Performance System

• Performance Institute Innovative Management Practices Award:

- CalWORKs Case Management Program
- Child Assessment Network North (CANN)
- First Annual Programmatic Registry Operations Workgroup Center of Excellence Award to San Diego County's Regional Immunization Registry (SDIR)
- Cited as Model by California Department of Health Services for EPI Rapid Flu Testing
- California Department of Health Service's "Recognized Websites" for the Tobacco Control Website

2005

• National Association of Counties (NACo) Achievement Awards:

- Medi-Cal Administration Activities/Targeted Case Management Unit
- Risk Communication Training & Development
- School Health and Absenteeism Reporting Exchange—Project SHARE
- Pediatric Asthma Initiative
- Youth to Youth
- Cancer Navigator
- Facts on the Fly
- Frontline Leadership Development Program
- HHSA/County Site Emergency Response Plans

• California State Association of Counties (CSAC) Merit Awards:

- The Aging Summit
- Community Service Award from Blue Cross for San Diego Immunization Registry Internet Site
- NACo Acts of Caring award for "Volunteering to Fill Health Care Gaps" program
- Outstanding Community Services Award from Health Net of California to HealthLink North County
- American Public Health Association (APHA)/Glaxo Smith Kline Partnership for Healthy Children Award to San Diego Immunization Initiative
- California Governor's Council on Physical Fitness and Sports recognition for "It's How We Live" initiative
- County Alcohol & Drug Program Administrators Association of California Treatment & Recovery Diversity Awards for program excellence of two County contractors—Serenity House and Rachel Women's Center
- Hospital Services for Continuing Care Best Practices Award to Edgemoor Hospital

2006

• National Association of Counties (NACo) Achievement

Awards:

- Safety First Program
- Mental Health Services: Special Help for At-Risk Individuals Project
- Community Services for Families
- Mobile Remote Workforce Innovation in Public Health Care (MRW)
- Elder Death Review Team
- Facilities Management Database
- Manager's Development Institute (also best in category)
- Medical Examiner's Report Team

• California State Association of Counties (CSAC) Merit

Awards:

- Health Care Savings Program
- San Diego County Mental Health S.H.A.R.I. Project

• Best of California Awards to the AIDS Regional Information & Evaluation System (ARIES):

- For Demonstrated Leadership in Serving Business and Policy Problems through Technology
- For Best Application Serving Multiple Jurisdictions or Organizations within a Jurisdiction
- Center for Digital Government Award for Most Innovative Use of Technology for the Mobile Remote Workforce Innovation in Public Health Care project
- Aging Innovations and Achievement Awards to Aging & Independence Services Aging Summit and Call Center
- Silver Finest Award from Healthcare Communicators for School Fitness Summit, to HHSA in collaboration with HealthLink North County and San Diego Coalition on Children and Weight

2007

• California State Association of Counties (CSAC) Merit Awards:

- Intergenerational Games
- Tutor Connection
- E-Gov Institute Award for Successfully Using Innovative Knowledge Management Practices in Knowledge Management Solution (for Mobile Remote Workforce)
- Awarded \$40 million in federal funds over three years to be used to expand health care coverage for low-income, uninsured legal residents (one of only 10 counties to receive funding)
- Choice for Independence Program Champions from U.S. Administration on Aging for Aging & Disability Resource Center
- American Society on Aging/Pfizer Healthcare and Aging Awards for Cool Zones program and Matter of Balance program
- One of five jurisdictions named by the Centers for Disease Control and Prevention and the TIIDE partnership as a "model community," demonstrating best practices between public health and emergency medical providers
- Digital Government Achievement Award from the Center for Digital Government for Agency-wide e-Referral system



County of San Diego

Health and Human Services Agency

County Board of Supervisors

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Greg Cox

Supervisor District Two
Dianne Jacob

Supervisor District Three
Pam Slater-Price

Supervisor District Four
Ron Roberts

Supervisor District Five
Bill Horn

Executive Leadership

Chief Administrative Officer
Walter F. Ekard

Assistant Chief Administrative Officer
Helen N. Robbins-Meyer

Health & Human Services Agency
Director, Jean M. Shepard